U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U 10047

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Raymond Keen	Name Bricklayers and Allied Craftworkers, Local 13		
	Labor Organization File Number 021-572		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 3640 South Highland Drive	Street 3640 South Highland Drive		
City Las Vegas	City Las Vegas		
State   Nevada   ZIP Code + 4   89103-5722	State Nevada ZIP Code + 4 89103-5722		
5. Position in labor organization.			
Enter appropriate data below if, during the past fiscal year, you or your spo	use or minor child directly or indirectly had any of the following interests		
(except as specified in the exclu	sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name	The first of the f		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
· · · · · · · · · · · · · · · · · · ·	7.b. Amount.		
Street			
City (			
State ZIP Code + 4			
Signa	ature		
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompanyi undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents), has been examined by the signatory and is, to the best of the		
Signed Raymon & Ku	On 8/12/2005 702-873-0332		
	Date Telephone Number		

Wante of Ferson Filling Raymond Reen	The Number 0-	
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).  Name BAC Local 13 Pension and Health Benefits Trs  Trade Name, if any:  P.O. Box, Bldg., Room No., if any Suite 200  Street 526 S. Tonopah Drive  City Las Vegas  State Nevada ZIP Code + 4 89106	9. Business deals with:    X   a. Labor Organization   b. Trust   c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	15-00 - 1 NAMES A AV V 15 AMES
Name	Trustee	and control of the co
Trade Name, if any:	an interpretation of the state	and the second
Trade Name, II any.		
P.O. Box, Bldg., Room No., if any	A Total Control Contro	**************************************
Street	\$ // WILL MAN, ( ) LANDMING A, A MINISTER A,	The second secon
City	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4	12.a Nature of interest held or income received.  Advance and additional reimbursement for International Foundation of Employee Benefit Plans 50th Annual Convention in New Orleans, Louisiana.  Turned in expense report.	
	Service Co. C. Country of the Control of the Contro	
	12.b. Amount.	\$2,673
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.	ALL TOWNS AND THE STREET, ALL TO WARRING THE STREET, ALL TO WARRING THE STREET, ALL THE STREET
Name		At Addition Affects
Trade Name, if any:		The control and the control of
P.O. Box, Bldg., Room No., if any		African condictor
Street		
City	Victoria	үү үүндөрлөгөөрийн
State ZIP Code + 4	No. of the control of	oodstrijaaddeliisedadde
	to a second seco	Carlo version of the state of t
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	in commencement and a pay you come commence was the service of the commence of

Name of Person Filing Raymond	Keen	File Number U-
	Necti	

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name OBA Midwest  Trade Name, if any:  P.O. Box, Bldg., Room No., If any   Suite 200	a. Labor Organization b. Trust	
Street 526 S. Tonopah Drive	c. Employer	
City Las Vegas State Nevada ZIP Code + 4 89106		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Trustee	- management ( ) - 1 control (
Trade Name, if any:	Annah Mariana	
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	The second of th
	12.a. Nature of interest held or income received.  Meals paid by third party administrator to discuss operating efficiency of trust and administration of member benefits.	
	The second secon	
	12.b. Amount.	\$337